

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

RECEIVED
FEC MAIL CENTER

2016 APR 11 AM 8:59

1. (a) Name of Individual, Organization or Corporation Chicago Democratic Socialists of America	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 3411 W. Diversey Ave Ste 7	
(c) City, State and ZIP Code Chicago IL 60647	
2. Occupation and Name of Employer (for Individual Filers Only)	3. FEC Identification Number C90015637

4. TYPE OF REPORT (check appropriate boxes):

(a) ☒ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ 24-Hour Report

☐ October 15 Quarterly Report

☐ 48-Hour Report

☐ January 31 Year-End Report

b) Is this Report an amendment? ☐ No ☐ Yes, it amends the report filed on

5. COVERING PERIOD: FROM

01

01

2016

THROUGH

03

31

2016

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES

2054.61

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Margaret Strobel

Margaret Strobel Apr. 1, 2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. § 30109.

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-A
ITEMIZED RECEIPTS

PAGE 2 OF 4

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)
Chicago Democratic Socialists of America

A. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Date of Receipt

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Date of Receipt

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Date of Receipt

Amount of Each Receipt this Period

D. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) **000**

TOTAL This Period (last page carry total to Line 6) **000**

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 4
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Chicago Democratic Socialists of America

Full Name (Last, First, Middle Initial) of Payee

Forest Printing

Mailing Address

7214 W. Madison

City

Forest Park IL

State

Zip Code

60130

Date of Public Distribution/Dissemination

01 / 15 / 2016

Amount

222.05

Purpose of Expenditure

Newsletter

Category/
Type

004

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☒ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bernie Sanders

Calendar Year-To-Date Per Election
for Office Sought

1395.34

Disbursement For: ☒ Primary

☐ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

United States Postal Service

Mailing Address

Cardiss Collins Station

City

Chicago IL

State

Zip Code

60699

Date of Public Distribution/Dissemination

01 / 15 / 2016

Amount

123.31

Purpose of Expenditure

Newsletter

Category/
Type

004

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☒ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bernie Sanders

Calendar Year-To-Date Per Election
for Office Sought

1518.65

Disbursement For: ☒ Primary

☐ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Forest Printing

Mailing Address

7214 W. Madison

City

Forest Park IL

State

Zip Code

60130

Date of Public Distribution/Dissemination

01 / 22 / 2016

Amount

366.28

Purpose of Expenditure

leaflets

Category/
Type

006

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☒ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bernie Sanders

Calendar Year-To-Date Per Election
for Office Sought

1884.93

Disbursement For: ☒ Primary

☐ General

☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....

1884.93

(b) SUBTOTAL of Unitemized Independent Expenditures

0.00

(c) TOTAL Independent Expenditures.....
(carry total from last page forward to Line 7)

1884.93

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE **4** OF **4**
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Chicago Democratic Socialists of America

Full Name (Last, First, Middle Initial) of Payee

Forest Printing

Mailing Address

7214 W Madison

City

Forest Park IL 60130

State

Zip Code

Date of Public Distribution/Dissemination

02 / 19 / 2016

Amount

169.68

Purpose of Expenditure

leaflet

Category/
Type

006

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☒ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bernie Sanders

Calendar Year-To-Date Per Election
for Office Sought

2054.61

Disbursement For:

☒ Primary

☐ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....

2054.61

(b) SUBTOTAL of Unitemized Independent Expenditures.....

0.00

(c) TOTAL Independent Expenditures.....

(carry total from last page forward to Line 7)

2054.61

Chicago D S A

3411 W. Diversey Ave, Suite 7
Chicago, IL 60647

Address Service Requested



CAROL STREAM IL 601

APR 11 2016 PM 5:1



RECEIVED
FEC MAIL CENTER
2016 APR 11 AM 8:59

Federal Election Commission
999 E Street NW
Washington, DC 20463

20463-



NOV 10 04 PM 01 0000-10010

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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	Date of Receipt 4/11/16
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER
(3/2015)



4/11/16
DATE PREPARED

20160414 14:01:00